

# The Effectiveness of Supporting Housing for Families in the Child Welfare System: Findings from a CT Study

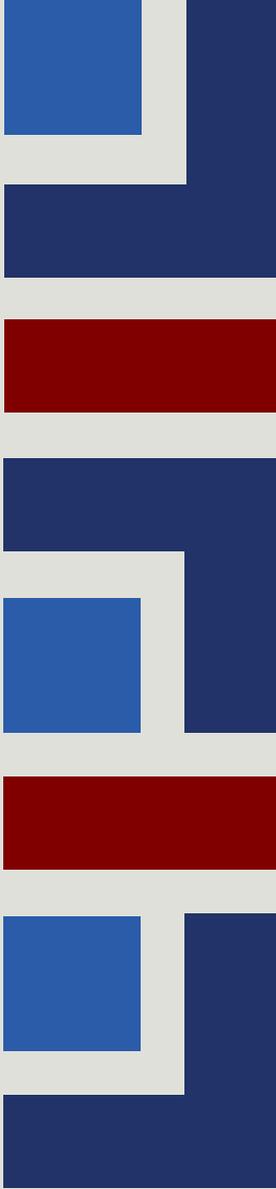
Anne F. Farrell, Ph.D.

Director of Research

Chapin Hall at the University of Chicago

[afarrell@chapinhall.org](mailto:afarrell@chapinhall.org) 203.240.3610

Preston Britner, UConn; Kate Parr, UConn; Melissa Kull, Chapin Hall at the University of Chicago

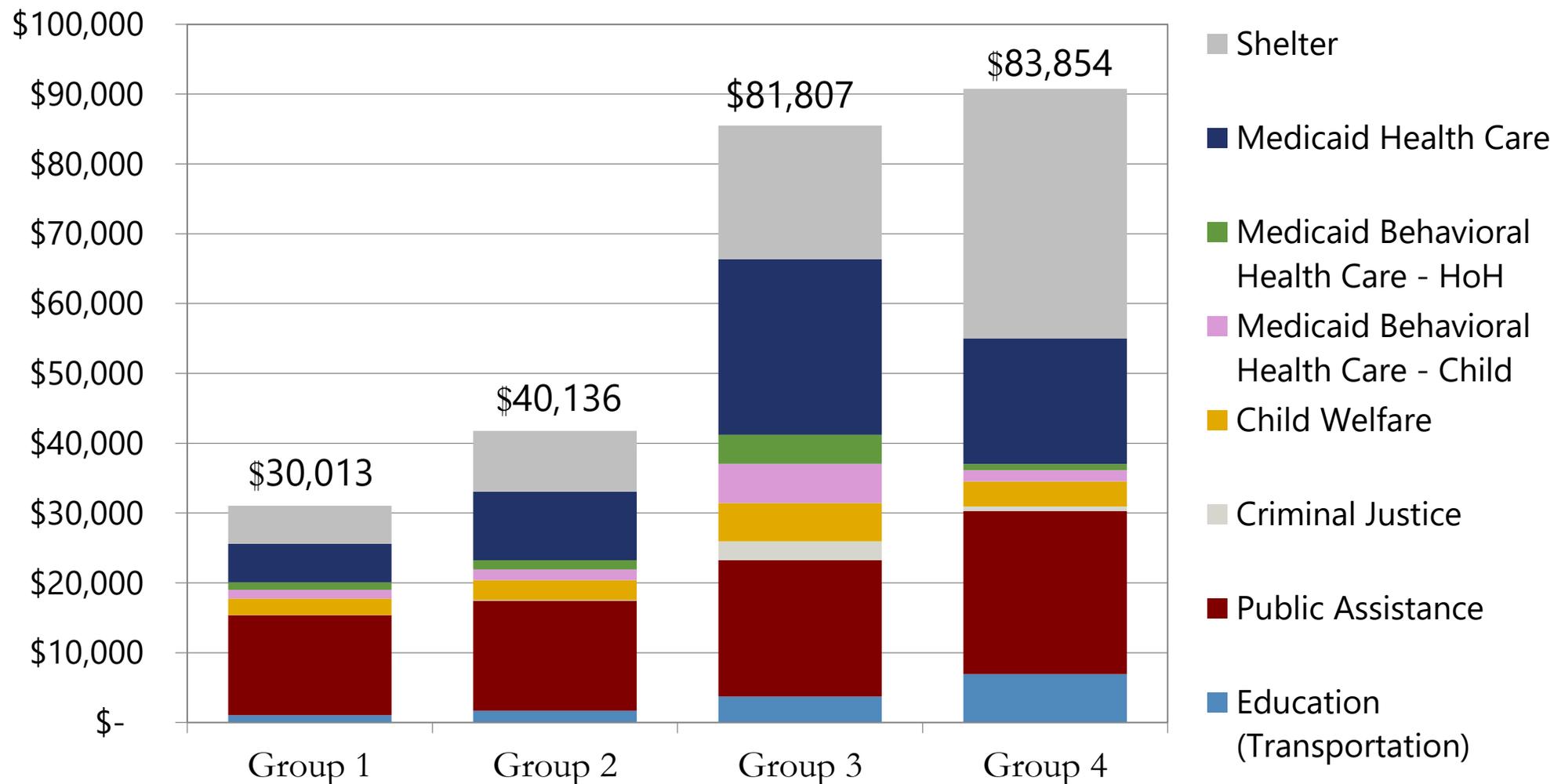


# Housing and Child Well Being



- Safe, stable housing: determinant of child and family well-being.
- Individuals born into poverty experience very little control over housing options, quality, stability
- Housing/homelessness is linked with child welfare involvement
  - caseworker judgments of risk and well being
  - foster care placements; delayed reunification
- Housing instability & homelessness are linked to disparate outcomes across systems and
- Housing, education policy (formal and de facto) – drivers of inequity

# Families experiencing homelessness are heterogeneous



# Supportive Housing for Families (SHF)

## Connecticut's Statewide Model (began C. 1998)

- Family preservation: Prevent foster care placement, avert family separation
- Family Reunification: Prepare for return from care, reduce length/cost of out-of-home care
- Target families with housing risks (homeless; inadequate or unstable housing); most parents have mental health and/or substance use issues, and children display an array of risks/needs.

## The 20+ Year Partnership

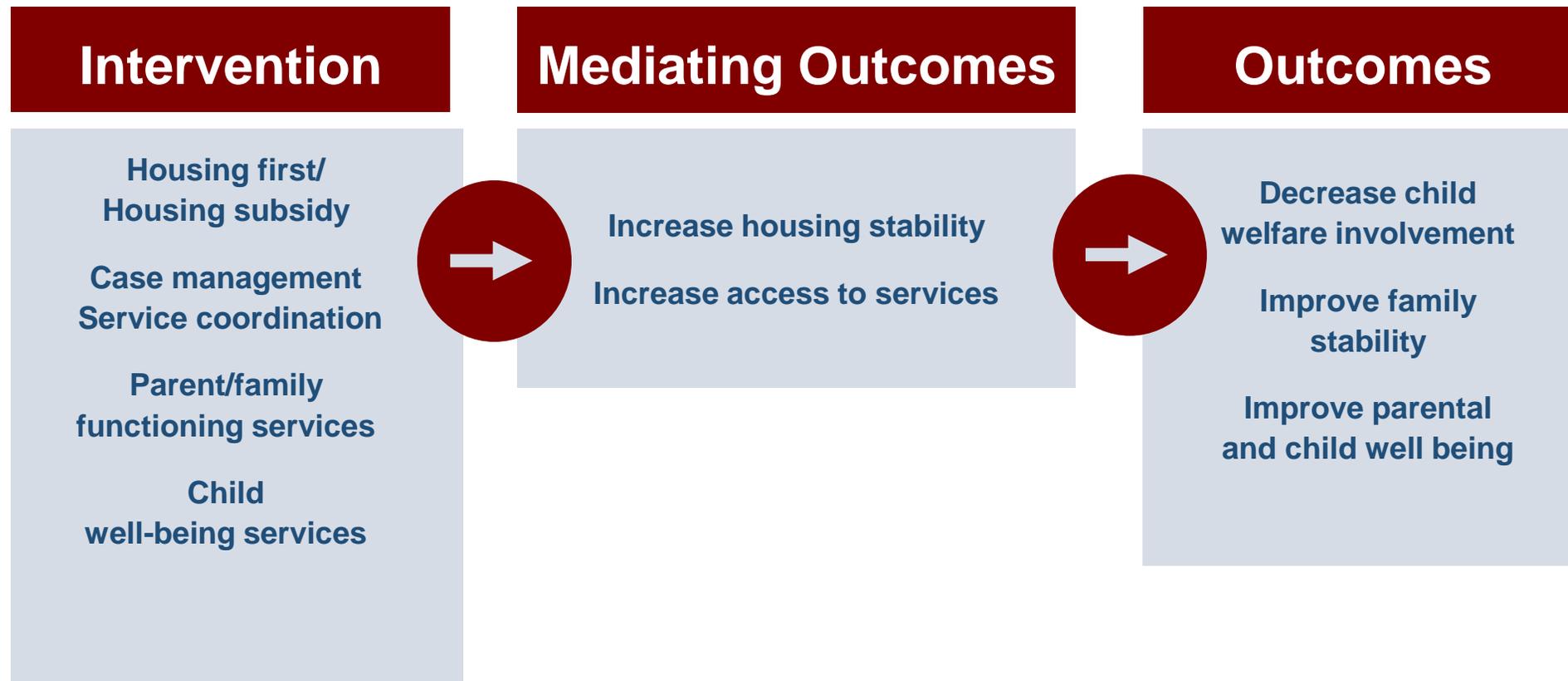
- The Department of Children and Families (DCF) funds the program, refers clients, coordinates with the service provider.
- The Connection, Inc. (TCI) is the service hub, providing providing clinical assessment, housing searches, temporary subsidies, and intensive case management.
- Permanent housing vouchers are dedicated from the CT Department of Housing.
- Evaluators (Chapin Hall, UConn) study program (implementation/process, outcomes, and).



# SHF – Logic & Questions

- **Logic:** Hierarchy of needs; address basics before higher order needs.
- **Housing as a platform** for other interventions: case management; trauma, substance abuse tx; parenting; ed/vocational support.
- **Promise:** By 2013, CT had a 10+ year history of supportive housing for families in the child welfare system, with research showing promise.
- **Questions:**
  1. Can we fully (experimentally) demonstrate effectiveness? Will success be maintained?
  2. What are the essential components of effectiveness?
  3. Can cost savings accrue within and across systems?

# Partnerships to Demonstrate the Effectiveness of Supportive Housing Demonstration



# 5 Demonstration Sites



## San Francisco, CA

San Francisco Human Services Agency  
**Families Moving Forward**



## Cedar Rapids, IA

Four Oaks Family and Children's Services  
**Partners United for Supportive Housing**



## Memphis, TN

Community Alliance for the Homeless  
**Memphis Strong Families Initiative**



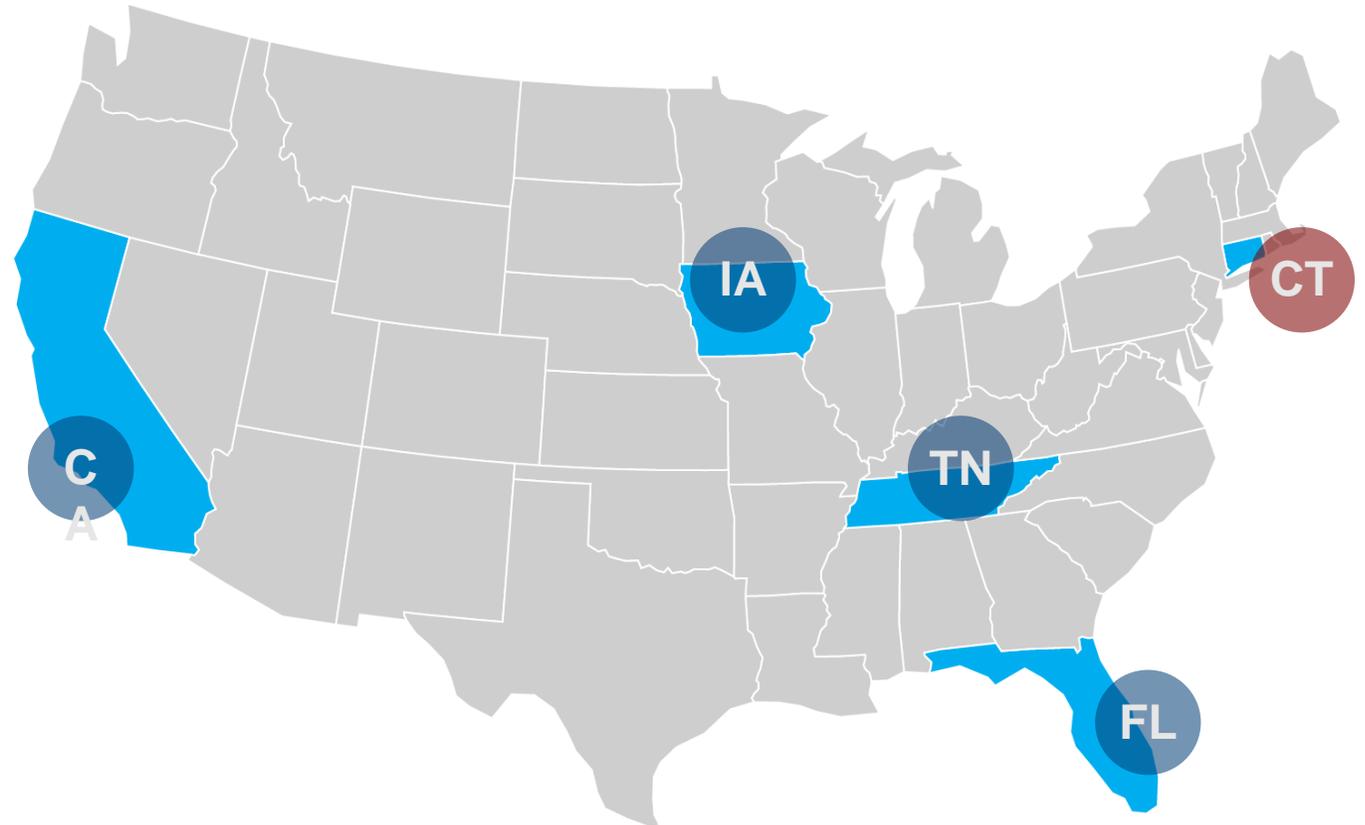
## State of Connecticut

Department of Children and Families  
**Intensive Supportive Housing for Families**



## Broward County, FL

Kids in Distress, Inc.  
**HEART Alliance**



# Demonstration Study: Intensive Supportive Housing Evaluation Comparison Groups

DCF Business as Usual (BAU)	Project SHF	Intensive SHF
<ul style="list-style-type: none"><li>• Community Services</li><li>• Intensive Family Preservation Services</li><li>• Foster Care</li></ul>	<ul style="list-style-type: none"><li>• Housing assistance</li><li>• Case Management</li></ul>	<ul style="list-style-type: none"><li>• Housing assistance</li><li>• Intensive case management</li><li>• Vocational Specialist</li><li>• Family Teaming</li></ul>

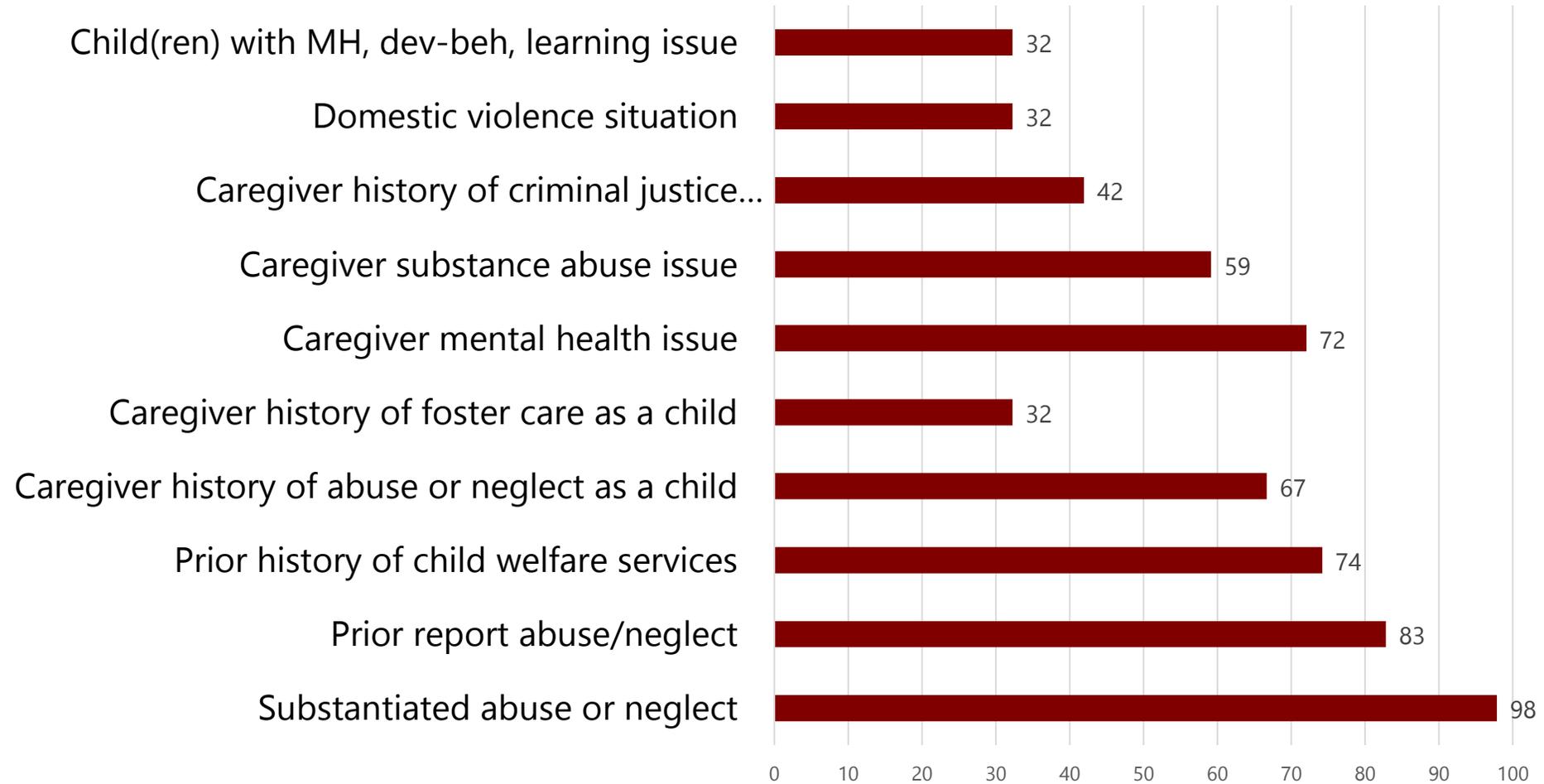
Randomized controlled trial with 3 arms ( $n_{Tot}=205$ ,  $n_{children}=418$ )

- Business as usual (BAU),  $n = 104$
- Supportive Housing for Families (SHF),  $n = 50$
- Intensive Supportive Housing for Families (ISHF),  $n = 50$

# CT Research Questions

Objective	Research Question	Performance Measure/Indicator	Data Source	Agency
Improved child welfare outcomes	<p><b>Primary:</b> Do clients who receive supportive housing services (SHF and ISHF interventions combined) have better child welfare outcomes compared to those in the BAU?</p> <p><b>Secondary:</b> Are there differential effects by level of intervention (ISHF/PSHF)?</p>	Family reunification	DCF database (LINK)	DCF
		Child removal		
		New child maltreatment incidents		
		Cases closed and re-opened		
Improved housing stability	<p><b>Primary:</b> Do clients who receive SH demonstrate improved housing stability compared to those in the BAU intervention?</p> <p><b>Secondary:</b> Are there differential effects by level of intervention for ISHF and PSHF?</p>	Shelter stay	HMIS	CT Coordinated Access Network (Continuum of Care; CCEH)
		<p>Leased up</p> <p>Number of moves</p> <p>Quality of living situation</p> <p>Homeless spells</p> <p>Eviction</p>	<p>Urban Institute Survey</p> <p>LINK</p> <p>CAMIS</p>	<p>Urban TCI</p> <p>DCF</p>

# CT Sample (% of families)



# CT Findings

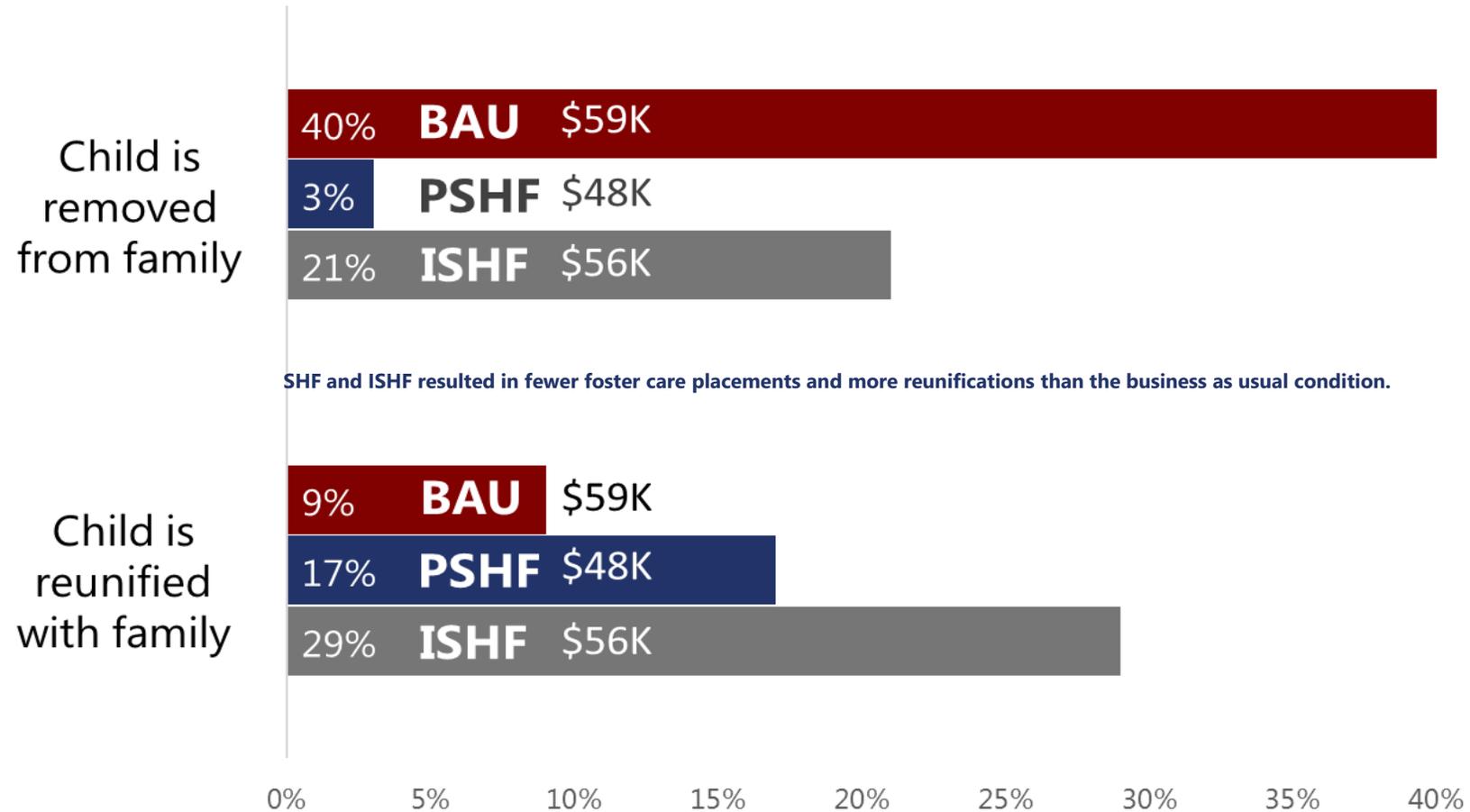
## Findings

- Process/implementation study: 4/5 elements of contrast effective
- Significant differences between treatment and control groups, from 12 months (12, 18, 24 months)
- Collapsed the two intervention groups as first analytic set
- Results mostly hold when SHF/ISHF are tested separately
- The costs of BAU and PSHF were roughly equivalent, with clear differences in outcome

## Observations

- High rates of prior maltreatment, placement, etc.
  - Targeting was effective
  - Low base rates for preservation/reunification in the regions (control group)
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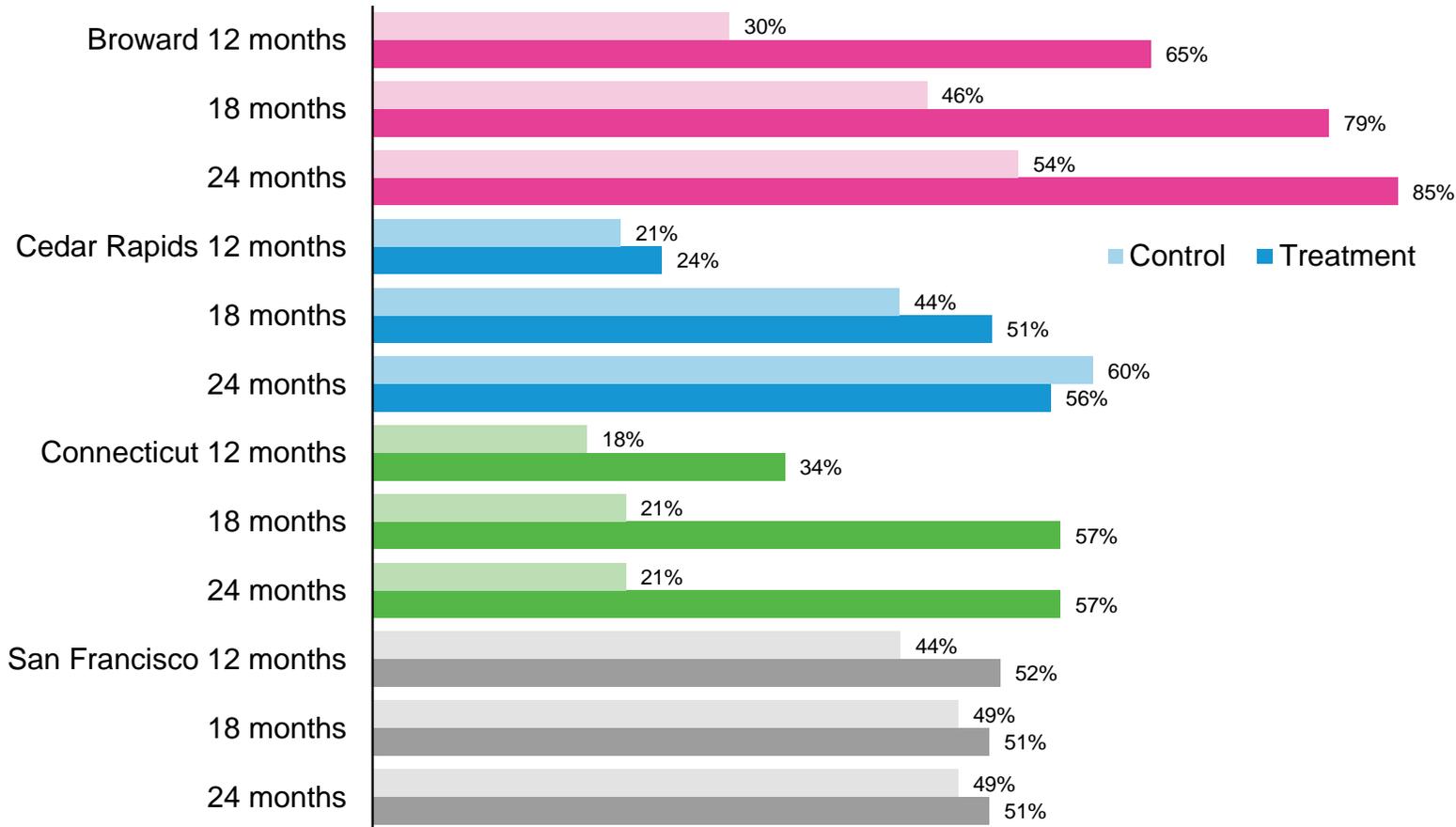
# CT FINDINGS



SHF and ISHF resulted in fewer foster care placements and more reunifications than the business as usual condition.

Figure: Percent of child removals and family reunifications by intervention group, with median costs, for 24 months

# Differences in Reunification by Site



(Memphis did not serve reunification families)

## Impacts (Broward):

12 months: 35.0%\*\*\*

18 months: 33.3%\*\*\*

24 months: 31.5%\*\*\*

## Impacts (Cedar Rapids):

12 months: 3.4%

18 months: 7.7%

24 months: -3.4%

## Impacts (Connecticut):

12 months: 16.3%†

18 months: 36.1%\*\*\*

24 months: 36.1%\*\*\*

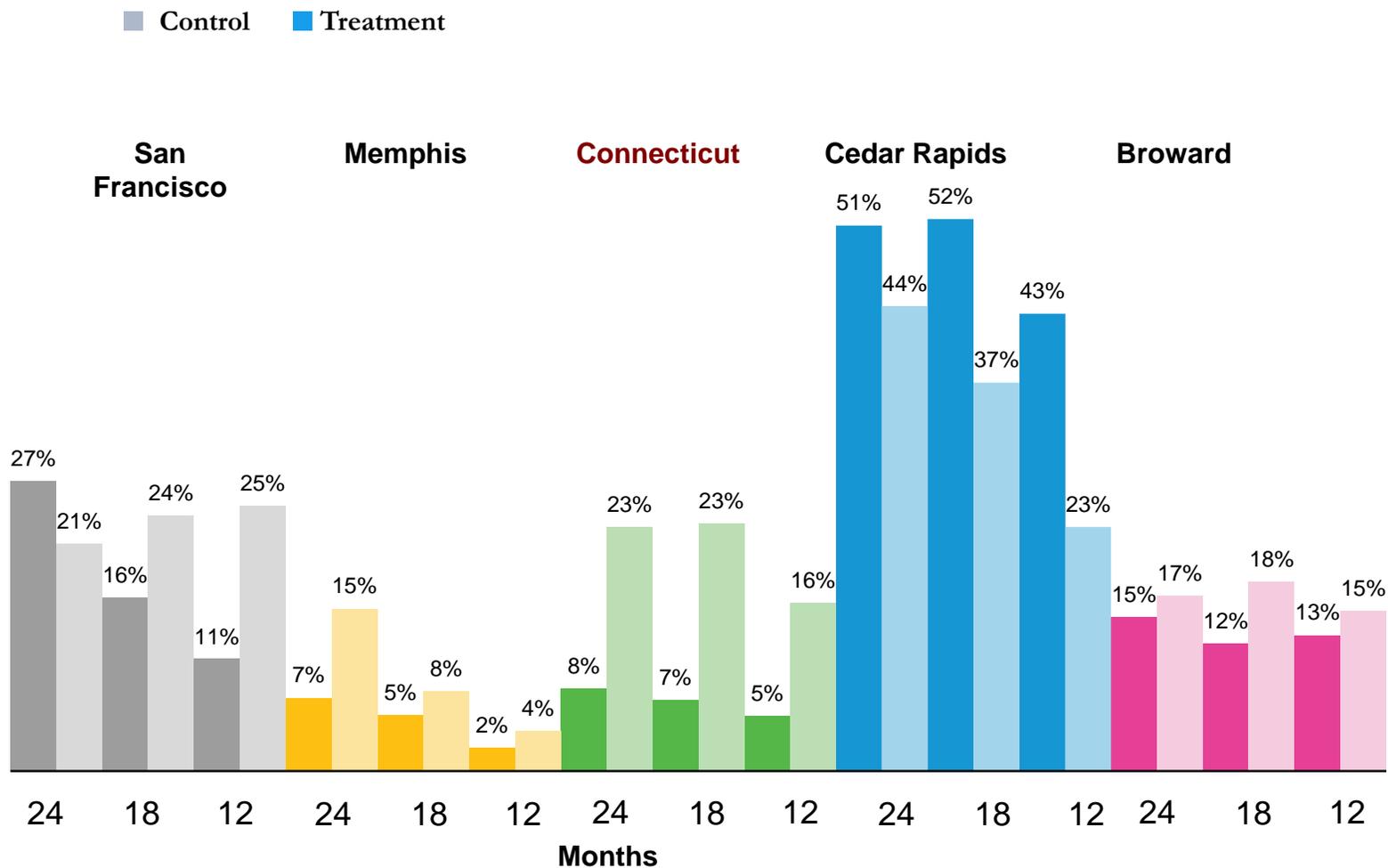
## Impacts (San Francisco):

12 months: 8.4%

18 months: 2.7%

24 months: 2.7%

# Differences in Removals by Site



## Impacts

### San Francisco

12 months: -14.5%\*\*  
 18 months: -7.8%†  
 24 months: 5.9%

### Memphis

12 months: -1.6%†  
 18 months: -2.2 %  
 24 months: -8.3%†

### Connecticut

12 months: -10.6%\*  
 18 months: -16.5%\*\*\*  
 24 months: -15.2%\*\*

### Cedar Rapids

12 months: 20.1%\*\*  
 18 months: 15.5%†  
 24 months: 7.6%

### Broward

12 months: -2.2%  
 18 months: -5.9%†  
 24 months: -2.0%

# Conclusions and next steps

- National model emerging from CT; from observational study to RCT
- Clear evidence of effectiveness of Supportive Housing.
- Superior outcomes at similar cost to business as usual
- Higher “dosage” of case management produces marginal benefit
- Housing screening tool critical to identify housing concerns early in child welfare involvement → target resources promptly
- Submit to *Families First Clearinghouse*
- Additional cross-systems follow-up: child welfare, educational, vocational, wage outcomes, child/family health and well-being
- Incorporate lessons into DCF practice: screening, SH model, modifications
- Instructive on:
  - Prompt identification and intervention (screening); practice elements (family empowerment)
  - Importance of housing as platform in families at the “deep end” of services
  - Use of program and administrative data to examine program effectiveness



# Thank you

## Questions and Discussion

- Thanks to our state and community partners, Urban Institute.
- Thank you for the opportunity to share this work.
- Questions and Discussion
- Contact information  
[afarrell@chapinhall.org](mailto:afarrell@chapinhall.org)  
203.240.3610

